14 JUN 24 PM 2: 33 PAGE 1/3

FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)										
Al Franken										
(b) Address (number and street)				2, Candidate's FEC Identification Number S8M/N00438						
(c) City, State, and ZIP Code	·				3. Is Thi	3 ;	New		Amer	ided
Minneapolis		MON	5545	3	Stater	nent 🛬	(N)	OR	23 (A)	
4. Party Affiliation	5. Office Sought			6. State & Dist	nct of Candi	date				
DEMOCRATIC-FARM-LABOR	Senate			MAN	00					
DE	SIGNATION	OF PRIN	CIPAL	CAMPAIGI	N COMM	ITTEE				
7. I hereby designate the following near	ned political comm	ittee as my F	'rincipei (Sampeign Comm	militee for the	2014 (year of c	election)	election(B).	
NOTE: This designation should be (ded with the appro	priate office i	isted in t	ne instructions.						
(a) Name of Committee (in full)										
Al Franken for Sens	te 2014									
(b) Address (number and atreet) P.O. Box 583144		**************************************						· · · · · ·	**** .	
(c) City, State, and ZIP Code				· · · · · · · · · · · · · · · · · · ·						
Minneapolis				MN	5545	В				
I hereby authorize the following name candidacy. NOTE: This designation should be a					nnittee, io r	end evico	expend	l funds on	behelf of	my
(a) Name of Committee (in full)	·	 		·						
Franken MVPs										
(b) Address (number and street) PO Box 583144	······································			· · · · · · · · · · · · · · · · · · ·						•
(c) City, State, and ZIP Code				······································						
Minneapolis		_		MN	55458	} 				
i cortily that I have exa	mined this Statem	ent and to the	e best of	my knowledge s	end belief it is	s true, con	ect and	complete	,	_
Signature of Candidate					Desta	,,,				
Al Frenchen Oll F	ranke	m_			06/18/20	114				
NOTE: Submission of false, erroneous,	, or incomplete info	rmation may	subject C	he person signir	ng this State	ment to pe	naldes (sf 2 U.S.C	. §437 9.	
		. 4]			1			
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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

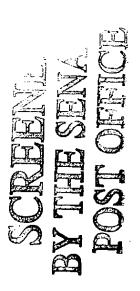
FEC Form 2 (Rev. 02/2003)				Page 2 /
DESIGNAT	TION OF OTHER AUTHO (Including Joint Fundralsing			[ADDITIONAL]
I hereby authorize the following named committee, wi candidacy.	hich is NOT my principal campaign	committee, to n	eceive and expend funds	on behalf of my
NOTE: This designation should be filed with	the principal campaign commi	itea.		
(a) Name of Committee (in full)				
Franken Senate Victory 20)14			
(b) Address (number and street) PO Box 583144				
(c) City, State and ZIP Code	· , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		
Minneapolis		MN	55458	
DESIGNA	TION OF OTHER AUTH (Including Joint Fundraisin			[ADDITIONAL]
I hereby authorize the following named committee, w candidacy.	hich is NOT my principal campaigr	committee, to r	eceive and expend funds	on behalf of my
NOTE: This designation should be filed with	the principal campaign commi	ittee.		
(a) Name of Committee (in full) Searchlight Lake Tahoe Vi	ctory Fund			
(b) Address (number and street) 700 13th Street NW Suite 600	,			
(c) City, State and ZIP Code				· · · · · · · · · · · · · · · · · · ·
Washington		DC	20005	·
DESIGNA	TION OF OTHER AUTH (Including Joint Fundralsing			[ADDITIONAL]
I hereby authorize the following named committee, w candidacy.	rtich is NOT my principal campaign	n committee, to s	receive and expend funds	on behalf of my
NOTE: This designation should be filed with	the principal campaign comm	ittee.		
(a) Nama of Committee (in full)				
10,000 Lakes Victory 2014	4			
(b) Address (number and street) 120 Maryland Avenue NE				
(c) City, State and ZIP Code			<u> </u>	
Washington	•	DC	20002	

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)		Page 3 /
DESIGNA	ATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralsing Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, candidacy.	which is NOT my principal campaign committee, to receive and expand funds of	on behalf of my
NOTE: This designation should be filed wit	th the principal campaign committee.	
(a) Name of Committee (in full)		
Franken Udail Victory 20		
(b) Address (number and street) PO Box 583144		-
(c) City, State and ZIP Code		
Minneepoils	MN 55458	
DESIGN	ATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
i hereby authorize the following named committee, candidacy.	which is NOT my principal campaign committee, to receive and expend funds	on behalf of my
NOTE: This designation should be filed w	ith the principal campaign committee.	
(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State and ZIP Code		
DESIGN	ATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby euthorize the following named committee, candidacy.	, which is NOT my principal campaign committee, to receive and expand funds	on behalf of my
NOTE:This designation should be filed w	rith the principal campaign committee.	
(e) Name of Committee (in full)		· · · · · · · · · · · · · · · · · · ·
(b) Address (number and street)		
(c) City, State and ZIP Code		

CAPITAL DISTRICT ZOOCX



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United States Senate

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SEN PATCH



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